

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18214**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. LENGTH OF STAY (in this place) 42 yrs.		c. CITY OR TOWN Washington		d. If Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 East Main				f. STREET ADDRESS (If rural, give location) 208 East Main 8362			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) H		c. (Last) HESE		4. DATE OF DEATH (Month) (Day) (Year) 6 28 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-13-1878	
9. AGE (In years last birthday) 76		10. MONTHS 8 DAYS 15		11. BIRTHPLACE (City and State or Foreign Country) Washington Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seather		10b. KIND OF BUSINESS OR INDUSTRY Seather Manufacturer		11. BIRTHPLACE (City and State or Foreign Country) Washington Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME August Hesse		13b. MOTHER'S MAIDEN NAME Minnie Phone		14. NAME OF HUSBAND OR WIFE Anna Hesse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Hesse		ADDRESS Washington, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis				INTERVAL BETWEEN ONSET AND DEATH 30 years			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis				DUE TO (c) Serility			
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Nephritis				INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 1201		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 5, 1949 to June 29, 1955 , that I last saw the deceased alive on June 27, 1955 , and that death occurred at 5:20 p.m. from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title)		23b. ADDRESS 244 P. O. Washington, Mo.		23c. DATE SIGNED 6-29-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-55		24c. NAME OF CEMETERY OR CREMATORY Lawson Cemetery		24d. LOCATION (City, town, or county) (State) Washington Missouri	
DATE REC'D BY LOCAL REG. 6/29/55		REGISTRAR'S SIGNATURE [Signature]		FEDERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Washington, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. L. Willenbrink*.....

Licensed Embalmer No. *45*.....

P. O. Address *Washington*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.